

APPLICATION FOR EMPLOYMENT

Middlesex County Utilities Authority

P.O. Box 159 2571 Main Street

Sayreville, NJ 08872

Phone: (732) 721-3800 Fax: (732) 721-0206

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____

Last First Middle

Address _____

Street City State Zip Code

Telephone Number (____) _____
Area Code

If necessary, the best time to call you at home is _____

May we contact you at work? YES NO

If yes, work number and best time to call. (____) _____
Area Code Time

Have you filed an application here before? YES NO

If yes, give date. ____ / ____ / ____

Have you ever been employed here before? YES NO

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Are you legally eligible for employment in this country? YES NO
(Proof of US Citizenship or immigration status will be required upon employment.)

Date Available for work. ____ / ____ / ____

Type of Employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? YES NO

Will you relocate if job requires it? YES NO Will you travel if job requires it? YES NO

Are you able to meet attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

Driver's License Number (if required by job) _____ State _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignment, or volunteer activities starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Telephone ()			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities
Address	From	To	
Telephone ()			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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Telephone ()			
Job Title			
Immediate Supervisor and Title			
Reason for Leaving			
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Comments (including explanation of gaps in employment)

Skill and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Authority.

EDUCATIONAL BACKGROUND

A. List last three (3) schools attended. (Starting with last one) B. List number of years completed. C. Indicated degree or diploma earned, if any D. Grade Point Average or Class Rank and E. major and minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree Diploma	D. GPA/ Class Rank	E. Major	E. Minor

List any foreign language(s) and check the box that describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

REFERENCES

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	() -	
	() -	
	() -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color disability or other protected status.)

List any additional information you would like us to consider. _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application or interview(s) will be sufficient cause for cancellation of this application and or separation from the Authority's service if employed.

I give the Authority the right to investigate all references and to secure additional job-related information about me. I hereby release the Authority and its representatives from liability for seeking such information, and all other persons, corporations, or organizations for furnishing such information. I further agree to furnish any additional information and complete any examinations as may be required by the Authority upon my employment. All such information shall be kept in strict confidence by the Authority.

This application shall be considered active for six (6) months. At the conclusion of this time, if I have not heard from the Authority and still wish to be considered for employment, I may inquire as to whether or not applications are being accepted at that time.

I understand and agree that in consideration of my employment my employment and compensation with the Authority can be terminated with or without cause at any time at the option of myself or the Authority. I certify that I understand the conditions of my employment and agree to abide by the rules and regulations of the Authority.

Signature of Applicant: _____

Date: _____

